Supporting Pupils with Medical Conditions Policy

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ARK LIBRARY COMPONENT

Component	Element
• Strategic Leadership & Planning • Monitoring, Reporting & Data • Governance & Accountabilities • Teaching & Learning • Pastoral and Inclusion • Pathways & Enrichment • Parents & Community • Finance, IT & Estates • Our People	**Safeguarding**

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Section 1: Introduction and Statement

Introduction

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies in order to support pupils with medical conditions effectively.

This policy should be read in conjunction with the following Ark policies and guidance:

- Health & Safety Policy
- Ark Schools First Aid Policy
- Accident, Incident & Illness Reporting Policy
- Educational Trips and Visits Policy
- Intimate Care Guidance

Legislation

- Children and Families Act 2014
- Equalities Act 2010
- Health and Safety at Work etc. Act 1974

Equality Impact Statement

Larks Hill Primary School will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

Ark {Academy name } is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities in consultation with professionals if necessary and parents. Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010, the school must comply with their duties under that act.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

Section 2: Definitions

Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001. Controlled drugs are subject to strict legal control.

Emergency Medication

Emergency medication includes drugs that are administered in critical situations to manage severe symptoms or prevent life-threatening events related to a student's medical condition.

Health Care Professionals

These may include:

- Allied Health Professionals such as physiotherapists, dieticians etc.
- Emergency Medical Personnel such as paramedics
- General Practitioners (GPs)
- Mental Health Professionals such psychologists, counsellors etc.
- Pharmacists
- Registered nurses or nurse practitioners
- Specialist Physicians

Individual Healthcare Plan (IHP)

An Individual Healthcare Plan (IHP) is a personalised document developed for each student with a medical condition, detailing the care procedures a student requires and the staff required to support the procedures.

Medical Condition

A medical condition is defined as any long-term, chronic health condition that requires ongoing management and may impact a student's ability to fully participate in school activities without additional support.

Section 3: Roles and Responsibilities

Summary of Roles and Responsibilities

Ark Central is responsible for:

- Developing the Supporting Pupils with Medical Conditions Policy and ensuring it is reviewed on a biennial basis.
- Determining Ark's general policy and ensuring that arrangements are in place to support children with medical conditions.
- Ensuring that our schools are appropriately insured and that staff are aware that they are insured to support the medical needs of students.
- Ensuring that Ark Schools MT approve the policy and any updates as and when necessary.

The Principal is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver IHPs, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured
- Ensuring this policy is read and understood by all staff with responsibilities surrounding student medical conditions
- Ensuring the table of responsibilities in this policy is completed and shared appropriately and that staff are aware of their responsibilities.

Teachers and support staff are responsible for:

- The day-to-day management of the medical conditions of children they work with, in line with training received and as set out in IHPs
- Working with the named person as outlined in the table of responsibilities, ensuring risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support, unless it's specifically named in their job description.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs
- Being involved in the development and review of their child's IHP and may be involved in its drafting
- Carrying out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, ensuring they or another nominated adult are always contactable and disposing of medication.

Pupils are responsible for:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Table of Responsibilities Larks Hill Primary School

Responsibility	Nominated Person	Job Title
Designated Senior Person for Student Medical Conditions	Abi Millard/ Alison Selby	Office Manager
Deputy Designated Senior Person	Richard Beevers	Head of School
Working with parents, pupils, healthcare professionals and other agencies to identify what support is needed and develop IHPs	Abi Millard/ Alison Selby	Office Manager
Develop student emergency plans where required	Abi Millard/ Alison Selby	Office Manager
Monitoring and annually reviewing IHPs and emergency plans	Abi Millard/ Alison Selby	Office Manager
Informing relevant staff of new medical conditions and any new arrangement in place	Abi Millard/ Alison Selby	Office Manager
Identifying and arranging training for relevant staff	Richard Beevers	Head of School
Communicating necessary information about medical conditions to supply staff	Abi Millard/ Alison Selby	Office Manager
Assisting with risk assessments for school visits and other activities outside of the normal timetable	Kieran Reynolds	Associate Assistant Principal

Section 2: Medication Management and Administration

Unacceptable Practice

Although the school will use discretion to respond to each individual case in the most appropriate manner, the following items are not generally acceptable practice regarding children with medical conditions:

- Preventing children from easily accessing their inhalers and/or medication and administering their medication when and where necessary
- Assuming every child with the same condition requires the same treatment
- Ignoring the views of the child or their parents; or ignoring medical evidence or opinion, (although this may be challenged)
- Sending children with medical conditions home frequently or preventing them from staying for normal school activities, including lunch, unless this is specified in their IHP
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- Preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to manage their medical condition effectively
- Requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Preventing children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.
- Administer, or ask pupils to administer, medicine in school toilets.

Notification of a Medical Condition

The school will have a clear and documented procedure to be followed upon being notified of a student's medical condition.

The school will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. Where appropriate, an IHP and emergency plan will be drawn up.

All arrangements should be in place by the start of relevant school term. For a new diagnosis or for children joining the school mid-term, every effort should be made to ensure all arrangements are in place within 2 weeks.

Storing Medication

All medication will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Medication needs to be stored securely to prevent unauthorised access. Medical cupboards and medical rooms should not be left unlocked as there will be times where a staff member is not present.

The school should only accept medicines if they are in-date, labelled and provided in the original container. Prescribed medicines should still have the pharmacy dispensing label and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump rather than in its original container.

The school will ensure that all medications, with the exception of those outlined, are kept appropriately, according to the product instructions, and are securely stored in locked cupboards.

The school will need to ensure they set a system up with labelled clear plastic containers or clear plastic zip up packets for each pupil who they are storing medication for. The containers or packers should also have a photo of the child on them for ease of identification. These packs will then need to be organised into year groups or class. There must be a separate area for higher risk medication.

Medication Storage Inspections

Medication storage should be inspected weekly and logged as having been checked. These checks should cover,

- General housekeeping
- Foreign objects stored with medication
- Visibility of medication
- Accessibility of medication
- Organisation of medical boxes/plastic wallets.

Fridge storage

Where medication is required to be chilled during storage, the school will need a lockable fridge or a designated fridge in a locked area. Once a fridge has been designated for medication storage, it is strictly for this use. Other items such as staff food or drinks are not permitted to be stored in this fridge.

Staff medication

Staff who are using medication must also store medication so that is safe from unauthorised access. Any requirements for staff medication will need to be reviewed in a staff risk assessment.

Emergency Medication

All emergency medication must be readily accessible but stored in a safe location known to the child and relevant staff members. Where relevant, children should know who holds the key to the locked storage. In line with Benedict's Law, the school should keep additional epi-pens and asthma inhalers for use in emergencies.

NB. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children, but must still be secure from unauthorised access and

use (e.g. in a locked medical room but not in a locked box within a medical room.

Controlled drugs

A student who has been prescribed a controlled drug can legally have it in their possession if it has been agreed and they are competent to do so as part of their Health and Care Plan.,However passing the drug to another student is an offence and should be investigated by the school immediately. Monitoring arrangements may be necessary for some students who have been prescribed controlled drugs.

All other controlled drugs should be stored safely and securely. Controlled drugs will be easily accessible to the student in an emergency and a record of any doses used and the amount held will be kept. A record of any medication administered must be logged.

Administering Medication

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and,
- Where we have parents' written consent

NB. The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

The signed parental consent form will be returned to the school and appropriately filed before staff can administer medication to pupils under the age of 16.

A signed copy of the parental consent form will be kept with the pupil's medication, and no medication will be administered if the consent form is not present. This is reviewed at least annually for long term medication. Short term medication should be administered in line with prescription.

Prior to administering medication, staff members will check the maximum dosage and when the previous dose was taken.

Only suitably qualified members of staff will administer a controlled drug.

Medication will be administered in a private and comfortable environment and, as far as possible, in the same room as the medication is stored.

Before administering medication, the responsible member of staff must check:

- The pupil's identity.
- That the school possesses written consent from a parent.
- That the medication name, strength and dose instructions match the details on the consent form.
- That the name on the medication label is the name of the pupil who is being given the medication.
- That the medication to be given is within its expiry date.
- That the child has not already been given the medication within the accepted timeframe.

If in doubt about any procedure, staff should not administer the medicines but check with the parents or a health professional before taking further action.

If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should, where necessary, have access to protective equipment as determined by a risk assessment.

Self-Management/Administration

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

Non-Prescribed Drugs

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

Anyone giving a pupil any non-prescribed medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents should always be informed.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Disposing of Medication

When medication is no longer required or becomes out of date or damaged, medicine will be returned to parents to arrange for safe disposal. Sharp boxes should be used for the disposal of needles and other sharps.

Medication and School Trips/Offsite Visits

Most children with medical needs can take part in normal activities. Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.

Medication required during a school trip should be carried by the pupil, if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary. Parent/carer must complete a Consent Form if their child requires any medication whilst on a school trip or visit.

A copy of any IHP should be taken on visits in the event of the information being needed in an emergency.

It is essential to inform all staff members involved with activities, after school clubs or extra-curricular activities of the need for medication for specific pupils and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.

Risk Assessments must be in place and confirmed with the school's Educational Visits Coordinator

(EVC) – please see Educational Visits Policy for template. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

Section 3: Training

Summary of Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The Principal will ensure that all staff are suitably trained in administering medication, including how to administer Adrenaline auto-injectors (AAI) and the management of anaphylaxis.

The school will ensure that, as part of their training, staff members are informed that they cannot be required to administer medication to pupils, and that this is entirely voluntary, unless the supporting of pupils with medical conditions is central to their role within school.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/role of individual. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

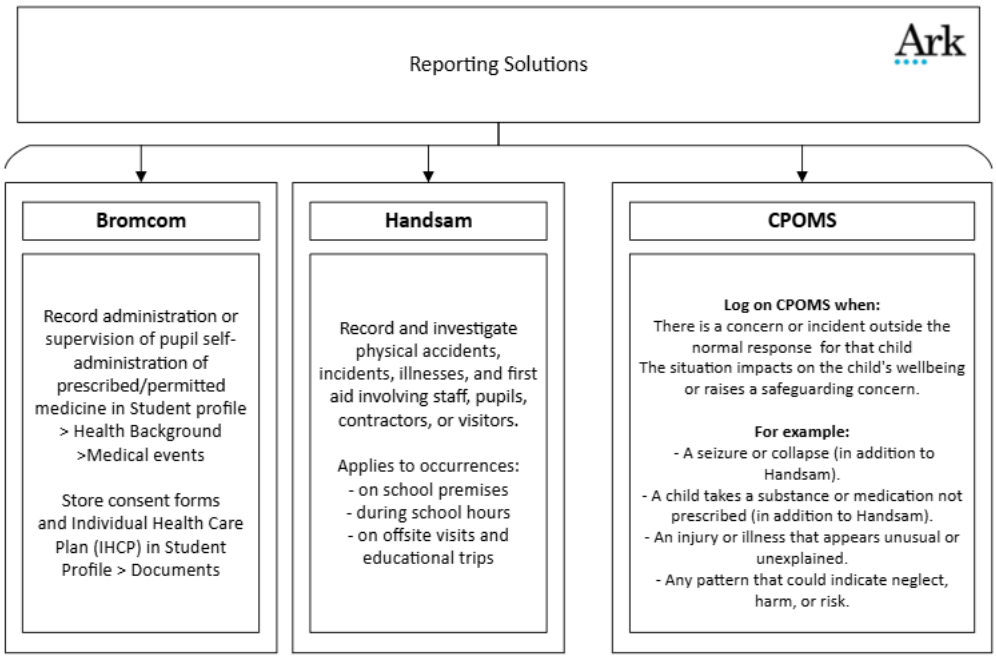
Section 4: Record Keeping

Summary of Record Keeping

The school will ensure that the appropriate records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school. Ark Schools recommends Bromcom as the recording platform for medicine administration.

For 26/27, the Pontefract Region will continue to log accidents on Every before transitioning over to Handsam.

Reporting flowchart:



In addition to this Policy, establishments should use the following documents (please see the appendix for exemplar templates)

- School and parental agreements to administer medicines
- School and parental agreements to carry own medicines
- Individual Healthcare Plans (IHPs)
- Emergency plans/procedures
- Records of weekly medicine storage inspections
- Records of medication expiry dates
- Records of staff training
- Records of medicine administered which should include,
- What was administered
- How it was administered

- How much was administered
- When it was administered
- Who administered the medication.

Individual Healthcare Plans (IHPs)

The IHP outlines specific information about the student's medical condition, emergency procedures, necessary accommodations, and any required support or adjustments to facilitate their participation in school life. IHPs should be kept in a readily accessible place which all staff are aware of – ideally on Bromcom (see reporting flow chart above).

Plans will be reviewed annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional, parents and young person when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents, child and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The person responsible for developing the IHP will consider the following when deciding what information to record in the IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The child's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the child's educational, physical, sensory, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the child's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements.
- What is defined as an emergency, including the signs and symptoms that staff members should look out for

Emergency Plans

The school will have clear and documented emergency procedures in place for students with medical conditions, including the availability of emergency medications and contact information for emergency services.

In an emergency, teachers and other staff are expected to use their best endeavours at all times. All staff should know who is responsible for carrying out emergency procedures in the event of need, as detailed in the student's IHP.

In line with Benedict's Law, the Principal will ensure that all staff are trained in administering emergency medication by an appropriate healthcare professional. This training will take place annually.

For all emergency and lifesaving medication that is to be kept in the possession of a pupil e.g. EpiPens or prescribed AAI's, the school will ensure that pupils are told to keep the appropriate instructions with the medication at all times, and a spare copy of these instructions will be kept by the school.

A member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives.

Risk Assessments

It may be advisable to carry out a risk assessment in relation to the administration of medicines. This can identify any hazards associated with the safe storage and administration of medicines and determine any specific control measures that may be required e.g., personal protective equipment.

Incident Reporting

An unexpected event where medication was administered will need to be recorded on the system for incident reporting, Handsam. Any medication administered routinely or as a preventative measure will not need to be recorded on this platform.

More information can be found in Ark's Accident, Incident & Illness Reporting Policy on the school website.

Complaints

An individual wishing to make a complaint about the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance.

If the issue is not resolved, then a formal complaint may be made following the complaints procedure as set out by the school.

Templates

Individual Healthcare Plan (IHP) – part 1

Name of school/setting	
Child's name	
Child's photo	
Group/class/form	
Named support in school	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

	Contact 1	Contact 2
Name		
Relationship to pupil		
Address		
Phone no. (work)		
(home)		
(mobile)		

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	
Address	

Individual Healthcare Plan (IHP) – part 2

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional need

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting

policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent sig	Date
Staff member sig	Date
Health Prof (if relevant)	Date

Parental Agreement for Setting to Administer Medicine – Part 1

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

Parental Agreement for Setting to Administer Medicine – Part 2

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ Date _____

Record of Medicine Administered to Pupils

Name of school

Date	Child's Name	Time	Name of Medicine	Dose Given	Any Reactions	Signature of Staff	Print Name
DD/MM/YYYY							

Administering Medicine – Risk Assessment

Part A	**Assessment Details**			
Area/Task/Activity	Administering Medicines			
Location				
Academy		**Department**		
Assessment undertaken by:			**Job Title:**	
Signed:			**Dated:**	
Due for review no later than (maximum 12 months)			**Date**	
Communicated to staff - When?			**How?**	

Guidelines for completion of the risk assessment

Who might be harmed?	**Type of Harm**	**Control Measures (in order of preference)**
Agency Casual Worker Contractor Emergency Services Employee Lone Workers Member of Public Under 16s Visitor Vulnerable Persons Young Persons 16-18	Trivial injury or illness Minor injury or illness 3+ days lost time injury or illness Major injury/severe incapacity Death e.g. Cut, sprain, broken bone, twisted limb, head injury, concussion, burn, electric shock	Eliminate Substitute with something less risky (e.g. a less hazardous chemical) Prevent access to the hazard (e.g. by use of guards) Reduce exposure to the hazard (e.g. use barriers, consider timing of activity) Use of appropriate personal protective equipment (PPE) Provide welfare facilities (e.g. first aid, washing facilities)

Part B	**Hazard Identification and Control Measures**			
Step 1: **Identify significant hazards**	**Step 2:** **Identify who might be harmed and how**		**Step 3:** **Identify precautionary measures already in place**	**Step 4: Develop action plan**
List of significant hazards (something with the potential to cause harm)	**Who might be harmed?**	**Type of harm**	**Existing Controls** (actions already taken to control the risk – include procedure for the task/activity where these are specified)	**Controls required** (transfer to Part C)

Wrong medication administered Wrong dosage Wrong Pupil	Pupils	Sickness/vomiting Allergic reaction Serious side effects / illness	• The school's Health and Safety Policy refers to/ includes the school's arrangements for managing the administration of medications. • No medication permitted into the school unless there is written parental consent stating the name of the pupil, the medication, and the frequency and dosage to be administered. • A log is kept of all medication administered. • Expiry dates monitored and parents notified that replacement is required. • Medicines to be provided in the original container/ labelled with the name of the appropriate pupil. • Stored in a secure place (no medicines stored in first aid kits) • All emergency medicines (asthma inhalers, epi-pens etc.) readily available and not locked away • Pupils must not be given any medicines unless by written parental request • No child under 16 to be given aspirin containing medicine unless prescribed • Any specific training required by staff on the administration of medication e.g. EpiPen will be provided • Written agreements in place between parents and school and reviewed periodically. • Pupils' medical needs are catered for on educational visits and school trips	

Part C	**Action Plan**					
No:	Action required	Person(s) to undertake action	Priority	Projected timescale	Notes/Comments	Date completed
1						
2						
3						
4						
5						

Part D	**Step 5 – Review Plan**			
Review By (Date)	Person(s) to undertake review	Notes / Comments / Updates	Date completed	Signature

Appendix: Example Procedure for Notification of a Student's Medical Condition

Procedure: Responding to Notification of a Student's Medical Condition

Purpose:
To ensure that all new medical conditions are identified quickly, assessed appropriately, and supported through clear documentation and communication.

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1. Initial Notification

Who: Parent/carer or health professional
How: Email, phone call, in-person, or completion of a school medical information form
Action:

- The staff member receiving the information must record the details and immediately inform the Principal or senior member of school staff to whom this has been delegated (**Designated Senior Person for Student Medical Conditions (DSP)**).

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2. Logging the Notification

Who: DSP or delegated staff member
Action:

- Enter the medical condition into the school's management system (e.g., **Bromcom**) as a new medical alert.
- Record the date the notification was received.
- Gather any existing medical documentation provided.

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3. Initial Triage and Information Gathering (Within 3 Working Days)

Who: DSP
Action:

- Contact parents/carers to gather key information about:
    - Diagnosis and current treatment
    - Medication requirements (routine and emergency)
    - Known triggers, symptoms, and warning signs
    - Whether an **Individual Healthcare Plan (IHP)** is required
- Request copies of any medical reports, hospital letters, or care plans.
- Where appropriate, seek guidance from the **school nurse** or relevant healthcare professional.

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4. Determine Support Requirements

Who: DSP and relevant staff, pupil, parents/carers, Healthcare Professional

Action:

- Decide if the student requires:
    - An IHP
    - An emergency plan only
    - Adjustments to school routines or the environment
    - Staff training (e.g. epi-pen, diabetes management, seizure protocols)

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5. Development of an Individual Healthcare Plan (Within 2 Weeks of Notification)

Who: DSP, Parent/Carer, Pupil (where appropriate), Healthcare Professional
Action:

- Draft the IHP using the school/Ark template.
- Ensure the IHP includes:
    - Condition overview
    - Medications, dosages, administration instructions
    - Emergency symptoms and actions
    - Monitoring and routine care needs
    - Storage location of medication
    - Staff responsibilities
    - Risk assessment needs for trips/activities
- Obtain signatures from parent/carer and headteacher (or delegated leader).

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6. Communication to Staff

Who: DSP
Action:

- Circulate essential information to relevant staff (e.g. class teachers, pastoral team, lunchtime supervisors, trip leaders).
- Ensure staff access the full IHP on Bromcom.
- Confirm that supply staff guidance is added to the cover folder/system.

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7. Medication Arrangements

Who: DSP and Admin/First Aid Team

Action:

- Ensure medication is:
    - Provided in-date and in original pharmacy packaging
    - Logged on arrival
    - Stored appropriately (medical room, fridge, emergency access point)
- Prepare labelled plastic wallets/boxes with the student's photo.
- Add required items to weekly medication storage inspection checks.

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8. Staff Training (If Required)

Who: DSP with Healthcare Professionals
Action:

- Arrange training sessions (e.g., anaphylaxis, asthma, epilepsy).
- Maintain training records and review dates.

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9. Monitoring and Review

Who: DSP
Action:

- Review the IHP:
    - Annually as standard
    - Immediately if needs change or medication is updated
- Update Bromcom and communicate changes to staff.

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10. Implementation During School Activities

Who: All relevant staff
Action:

- Ensure the IHP is followed at all times, including during:
    - School trips
    - Sports activities
    - After-school clubs
- Complete risk assessments where appropriate.

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11. Escalation and Emergency Response

Who: All staff

Action:

- Follow the emergency instructions in the student's IHP.
- Call 999 where required.
- Notify parents/carers immediately.
- Log the incident on **Handsam** (for unexpected or adverse events)